

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Thomas**

First name

**D**

Middle name

Bring your picture identification to your meeting with the trustee.

**Oaks**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**Valerie**

First name

**M**

Middle name

**Oaks**

Last name and Suffix (Sr., Jr., II, III)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx-xx-5613**

**FKA Valerie Glowacki**

**xxx-xx-5644**

Debtor 1 **Thomas D Oaks**  
Debtor 2 **Valerie M Oaks**

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**1800 Huntington Blvd, Apt 204  
Hoffman Estates, IL 60169**

Number, Street, City, State & ZIP Code

**Cook**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13
8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years?  No.  
 Yes.
- |          |                                  |      |                |             |                 |
|----------|----------------------------------|------|----------------|-------------|-----------------|
| District | <b>Northern Dist of Illinois</b> | When | <b>2/09/15</b> | Case number | <b>15-04181</b> |
| District | _____                            | When | _____          | Case number | _____           |
| District | _____                            | When | _____          | Case number | _____           |
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  No  
 Yes.
- |          |                     |                       |
|----------|---------------------|-----------------------|
| Debtor   | Relationship to you | _____                 |
| District | When                | Case number, if known |
| Debtor   | Relationship to you | _____                 |
| District | When                | Case number, if known |
11. Do you rent your residence?  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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- I am not required to receive a briefing about credit counseling because of:

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<p><b>16. What kind of debts do you have?</b></p>	<p><b>16a. Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input type="checkbox"/> No. Go to line 16b.  <input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p><b>16b. Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.  <input type="checkbox"/> Yes. Go to line 17.</p> <p><b>16c.</b> State the type of debts you owe that are not consumer debts or business debts</p>												
<hr/> <p><b>17. Are you filing under Chapter 7?</b></p> <p><b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b></p>													
<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>													
<p><b>18. How many Creditors do you estimate that you owe?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1-49</td> <td style="width: 33%;"><input type="checkbox"/> 1,000-5,000</td> <td style="width: 33%;"><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5001-10,000</td> <td><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<input type="checkbox"/> 200-999													
<p><b>19. How much do you estimate your assets to be worth?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> \$0 - \$50,000</td> <td style="width: 33%;"><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td style="width: 33%;"><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>		<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<p><b>20. How much do you estimate your liabilities to be?</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> \$0 - \$50,000</td> <td style="width: 33%;"><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td style="width: 33%;"><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>		<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Thomas D Oaks**

**Thomas D Oaks**

Signature of Debtor 1

Executed on May 18, 2018  
MM / DD / YYYY

**/s/ Valerie M Oaks**

**Valerie M Oaks**

Signature of Debtor 2

Executed on May 18, 2018  
MM / DD / YYYY

Debtor 1 **Thomas D Oaks**  
Debtor 2 **Valerie M Oaks**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

**/s/ David H Cutler**  
Signature of Attorney for Debtor

Date **May 18, 2018**  
MM / DD / YYYY

**David H Cutler**

Printed name

**Cutler & Associates, Ltd**

Firm name

**4131 Main Street**

**Skokie, IL 60076**

Number, Street, City, State & ZIP Code

Contact phone **847-673-8600**

Email address

**david@cutlerltd.com**

**IL**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b> First Name _____ Middle Name _____ Last Name _____		
Debtor 2 (Spouse if, filing)	<b>Valerie M Oaks</b> First Name _____ Middle Name _____ Last Name _____		
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

<b>Your assets</b> Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	\$ <b>0.00</b>
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>24,800.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <b>24,800.00</b>

**Part 2: Summarize Your Liabilities**

<b>Your liabilities</b> Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ <b>17,474.00</b>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>17,474.00</b>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ <b>961.00</b>
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>961.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>117,917.43</b>
<b>Your total liabilities</b> \$ <b>136,352.43</b>	

**Part 3: Summarize Your Income and Expenses**

4. Schedule I: Your Income (Official Form 106I)	\$ <b>3,923.00</b>
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>3,923.00</b>
5. Schedule J: Your Expenses (Official Form 106J)	\$ <b>3,905.00</b>
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,905.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,332.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>961.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>18,000.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>18,961.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Valerie M Oaks</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

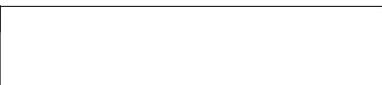
- No. Go to Part 2.  
 Yes. Where is the property?

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1 Make: **Chevy**  
 Model: **Camaro**  
 Year: **2002**  
 Approximate mileage: **102000**  
 Other information:  


**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?      Current value of the portion you own?**

**\$2,000.00      \$2,000.00**

3.2 Make: **Chevy**  
 Model: **Silverado**  
 Year: **2014**  
 Approximate mileage: **42000**  
 Other information:  


**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?      Current value of the portion you own?**

**\$15,000.00      \$15,000.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=&gt;

\$17,000.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Personal possessions in home at liquidation value**

\$1,500.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....**3 tvs and computer, exbox, ps4 and games**

\$800.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**Toy cars**

\$200.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**Sigauer 1911 Nightmare, Rifle, Sig P250, Sig P238**

\$1,000.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**Personal clothing**

\$1,000.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**Watches and wedding bands**

\$500.00

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

- No  
 Yes. Describe.....

**2 dogs, lizard and 3 Flying squirrels**

**\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$5,000.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes.....

Institution name:

**17.1. Checking**

**Chase Bank**

**\$1,200.00**

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

Type of account:

Institution name:

**IRA**

**Vanguard**

**\$1,600.00**

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Employer Term**

**Spouse**

**\$0.00**

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No  
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No  
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No  
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,800.00

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5	\$17,000.00
57. Part 3: Total personal and household items, line 15	\$5,000.00
58. Part 4: Total financial assets, line 36	\$2,800.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54 +	\$0.00
62. Total personal property. Add lines 56 through 61...  63. Total of all property on Schedule A/B. Add line 55 + line 62	\$24,800.00
	Copy personal property total
	\$24,800.00

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Valerie M Oaks</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>2002 Chevy Camaro 102000 miles</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(c)</b>
<b>Personal possessions in home at liquidation value</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>3 tvs and computer, exbox, ps4 and games</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Toy cars</b> Line from <i>Schedule A/B</i> : 8.1	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Sigsauer 1911 Nightmare, Rifle, Sig P250, Sig P238</b> Line from <i>Schedule A/B</i> : 10.1	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Personal clothing</b> Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
<b>Watches and wedding bands</b> Line from Schedule A/B: 12.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
<b>Checking: Chase Bank</b> Line from Schedule A/B: 17.1	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> <u>\$1,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
<b>IRA: Vanguard</b> Line from Schedule A/B: 21.1	<u>\$1,600.00</u>	<input checked="" type="checkbox"/> <u>\$1,600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006
<b>Employer Term Beneficiary: Spouse</b> Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	215 ILCS 5/238

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
  - Yes

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Valerie M Oaks</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

##### 2.1 Ally Financial

Creditor's Name

Attn: Bankruptcy  
Po Box 380901  
Bloomington, MN 55438

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Describe the property that secures the claim:

2014 Chevy Silverado 42000 miles

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred

Opened  
09/14 Last  
Active  
4/30/18

Last 4 digits of account number

7918

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$17,474.00	\$15,000.00	\$2,474.00

Add the dollar value of your entries in Column A on this page. Write that number here: \$17,474.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$17,474.00

\$17,474.00

\$17,474.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Valerie M Oaks</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service - 1/11</b>	Last 4 digits of account number	\$961.00	\$961.00
	Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	When was the debt incurred?		\$0.00
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Yes			2017 taxes

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.1	<b>Advanced Preventative Cardiology</b>	Last 4 digits of account number	<b>0961</b>	\$15.00
Nonpriority Creditor's Name <b>PO Box 233019 Chicago, IL 60689</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>				
<hr/>				
4.2	<b>Advanced Sleep Therapy, Ltd.</b>	Last 4 digits of account number	<b>0968</b>	\$228.02
Nonpriority Creditor's Name <b>2035 S Arlington Hts Rd Ste 115 Arlington Hts, IL 60005</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>				
<hr/>				
4.3	<b>Advocate Sherman Hospital</b>	Last 4 digits of account number	<b>9936</b>	\$50.00
Nonpriority Creditor's Name <b>1425 N Randall Rd Elgin, IL 60123</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>				

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.4	<b>Advocate Sherman Hospital</b> Nonpriority Creditor's Name <b>1425 N Randall Rd</b> <b>Elgin, IL 60123</b>	Last 4 digits of account number <b>7617</b>	<b>\$6,891.50</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			
<hr/>			
4.5	<b>Advocate Sherman Hospital</b> Nonpriority Creditor's Name <b>1425 N Randall Rd</b> <b>Elgin, IL 60123</b>	Last 4 digits of account number <b>6056</b>	<b>\$596.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			
<hr/>			
4.6	<b>Advocate Sherman Hospital</b> Nonpriority Creditor's Name <b>1425 N Randall Rd</b> <b>Elgin, IL 60123</b>	Last 4 digits of account number <b>4149</b>	<b>\$707.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.7	<b>AFNI</b> Nonpriority Creditor's Name <b>1310 Martin Luther King Dr, PO BOX 3517 Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number <b>1081</b>	\$1,445.45
		When was the debt incurred?	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Cellphone- collection</b>		
4.8	<b>Alexian Brothers Behavioral health</b> Nonpriority Creditor's Name <b>PO BOX 14000 Belfast, ME 04915</b> Number Street City State Zip Code	Last 4 digits of account number <b>5182</b>	\$55.00
		When was the debt incurred? <b>4/11/2018</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>		
4.9	<b>Alexian Brothers Health System</b> Nonpriority Creditor's Name <b>3040 Salt Creek Lane Arlington Hts, IL 60005</b> Number Street City State Zip Code	Last 4 digits of account number <b>7656</b>	\$17.72
		When was the debt incurred?	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.10	<b>Alexian Brothers Health System</b> Nonpriority Creditor's Name <b>3040 Salt Creek Lane</b> <b>Arlington Hts, IL 60005</b> Number Street City State Zip Code	Last 4 digits of account number <b>9673</b>	\$159.02
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			
4.11	<b>Alexian Brothers Health System</b> Nonpriority Creditor's Name <b>3040 Salt Creek Lane</b> <b>Arlington Hts, IL 60005</b> Number Street City State Zip Code	Last 4 digits of account number <b>1926</b>	\$293.51
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			
4.12	<b>alliance laboratory physicians</b> <b>ltd-cp</b> Nonpriority Creditor's Name <b>PO Box 5968</b> <b>Carol Stream, IL 60197</b> Number Street City State Zip Code	Last 4 digits of account number <b>4181</b>	\$10.50
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			

Debtor 1 **Thomas D Oaks**  
Debtor 2 **Valerie M Oaks**

Case number (if known)

4.13	<b>Alltran Financial, LP</b> Nonpriority Creditor's Name <b>PO Box 722929</b> <b>Houston, TX 77272</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0623</b>  <b>When was the debt incurred?</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Auto Repossesion Collection</b>	<b>\$7,737.71</b>
4.14	<b>Ally Financial</b> Nonpriority Creditor's Name <b>PO Box 380901</b> <b>Bloomington, MN 55438</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  <b>When was the debt incurred?</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Auto Repossesion Collection</b>	<b>\$3,617.93</b>
4.15	<b>Amita St. Alexius Medical Center</b> Nonpriority Creditor's Name <b>PO Box 775276</b> <b>Chicago, IL 60677</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0152</b>  <b>When was the debt incurred?</b> <b>4/2/2018</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$200.00</b>

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.16	<b>AT &amp; T Bankruptcy Center</b> Nonpriority Creditor's Name <b>PO Box 769</b> <b>Arlington Hts, TX 76004</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$78.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Collection- included in old ch 13</b> _____			
4.17	<b>Barclays Bank Delaware</b> Nonpriority Creditor's Name <b>Attn: Correspondence</b> <b>Po Box 8801</b> <b>Wilmington, DE 19899</b> Number Street City State Zip Code	Last 4 digits of account number <b>9822</b>	<b>\$651.00</b>
		When was the debt incurred? <b>Opened 06/17 Last Active 3/12/18</b>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____			
4.18	<b>Best Buy</b> Nonpriority Creditor's Name <b>PO Box 6497</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code	Last 4 digits of account number <b>0525</b>	<b>\$754.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b> _____			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.19	<b>Bob &amp; Peg's dental</b> Nonpriority Creditor's Name <b>2241 W Schaumburg Rd</b> <b>Schaumburg, IL 60194</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$477.00</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical-included in old ch 13</b>	
4.20	<b>Bruce G Grossman, MD SC</b> Nonpriority Creditor's Name <b>1000 Grand Canyon Pkwy</b> <b>Ste 301</b> <b>Hoffman Est, IL 60169</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$60.00</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	<b>2/20/2018</b>
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
4.21	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$4,679.00</b>
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	<b>Opened 09/12 Last Active 3/10/18</b>
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.22	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 30258</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>6227</b>	\$1,074.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b>	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>	
4.23	<b>Capital One / Menard</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>3060</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>Opened 09/14 Last Active 11/30/16</b>	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
4.24	<b>Capital One Auto Finance</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>1001</b>	\$7,737.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>Opened 10/17 Last Active 4/20/18</b>	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.25	<b>capital one bank</b> Nonpriority Creditor's Name <b>PO Box 30258</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>8833</b>	\$4,229.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			
4.26	<b>capital one bank</b> Nonpriority Creditor's Name <b>PO Box 30258</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>0645</b>	\$790.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			
4.27	<b>capital one bank</b> Nonpriority Creditor's Name <b>PO Box 30258</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9835</b>	\$770.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.28	<b>Cavalry</b> Nonpriority Creditor's Name <b>PO Box 520</b> <b>Valhalla, NY 10595</b> Number Street City State Zip Code	Last 4 digits of account number <b>8833</b>	\$3,975.03
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card-collections</b>			
4.29	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Correspondence Dept</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>9480</b>	\$3,090.00
When was the debt incurred? <b>Opened 01/14 Last Active 3/09/18</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
4.30	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Correspondence Dept</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>7548</b>	\$2,134.00
When was the debt incurred? <b>Opened 04/17 Last Active 3/09/18</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.31	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Correspondence Dept</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b>	Last 4 digits of account number <b>1237</b>	\$522.00
	When was the debt incurred? <b>Opened 03/15 Last Active 3/05/18</b>		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.32	<b>Comenity Bank</b> Nonpriority Creditor's Name <b>PO Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>1468</b>	\$481.00
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>		
4.33	<b>Comenity Bank</b> Nonpriority Creditor's Name <b>PO Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>5056</b>	\$490.00
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.34	<b>Comenity Bank/Harlem Furniture</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>0997</b>	\$0.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 03/15 Last Active 2/23/17</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:
	Is the claim subject to offset?		<input type="checkbox"/> Student loans
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input type="checkbox"/> Yes		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
4.35	<b>Comenity Bank/Lane Bryant</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 18215</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>1468</b>	0
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/08 Last Active 6/16/09</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans
	Is the claim subject to offset?		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
4.36	<b>Comenity Bank/Torrid</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>8245</b>	\$192.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/17 Last Active 4/21/18</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans
	Is the claim subject to offset?		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.37	<b>Comenity Bank/Torrid</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>8474</b>	\$66.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			
4.38	<b>Comenity Bkl/Uulta</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>0100</b>	\$0.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			
4.39	<b>Comenity Capital/Zales</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept</b> <b>Po Box 18215</b> <b>Columbus, OH 43218</b>	Last 4 digits of account number <b>4110</b>	\$0.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.40	<b>Comenity/Fashion Bug</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218</b>	Last 4 digits of account number <b>3957</b>	\$0.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/15/08 Last Active 4/12/12</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
4.41	<b>Credence Resource Management</b> Nonpriority Creditor's Name <b>Po Box 2300 Southgate, MI 48195</b>	Last 4 digits of account number <b>0976</b>	\$1,659.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 01/18</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney T-Mobile</b>	
4.42	<b>Credit One Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193</b>	Last 4 digits of account number <b>9861</b>	\$545.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 11/17 Last Active 3/21/18</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.43	<b>Creditors Discount &amp; Audit Co</b>	Last 4 digits of account number	<b>0173</b>	\$364.16
Nonpriority Creditor's Name <b>415 Main St, P.O. Box 213</b> <b>Streator, IL 61364</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical-Collections</b>				
4.44	<b>Creditors Discount &amp; Audit Co</b>	Last 4 digits of account number	<b>0144</b>	\$197.32
Nonpriority Creditor's Name <b>415 Main St, P.O. Box 213</b> <b>Streator, IL 61364</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical-Collections</b>				
4.45	<b>Dell Financial Services LLC</b>	Last 4 digits of account number	<b>3615</b>	\$0.00
Nonpriority Creditor's Name <b>Attn: President/CEO</b> <b>Po Box 81577</b> <b>Austin, TX 78708</b>				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>				

Debtor 1 Thomas D Oaks

Debtor 2 Valerie M Oaks

Case number (if known)

**4.46**

<b>Dept of Ed / Navient</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>Po Box 9635</b> <b>Wilkes Barr, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0406</b>	\$18,000.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 4/06/12 Last Active 6/09/15</b>	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**4.47**

<b>Discover Financial</b> Nonpriority Creditor's Name <b>Po Box 3025</b> <b>New Albany, OH 43054</b> Number Street City State Zip Code	Last 4 digits of account number <b>9210</b>	\$488.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 06/14 Last Active 3/23/18</b>	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**4.48**

<b>Diversified Consultants, Inc</b> Nonpriority Creditor's Name <b>PO Box 551268</b> <b>Jacksonville, FL 32255</b> Number Street City State Zip Code	Last 4 digits of account number <b>0001</b>	\$2,772.70
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Cellphone- collection</b>	
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.49	<b>Dupage Medical Group</b> Nonpriority Creditor's Name <b>15921 Collections Center Dr</b> <b>Chicago, IL 60693</b> Number Street City State Zip Code	Last 4 digits of account number <b>5057</b>	\$60.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
4.50	<b>Elgin Community College</b> Nonpriority Creditor's Name <b>1700 Spartan Dr</b> <b>Elgin, IL 60123</b> Number Street City State Zip Code	Last 4 digits of account number <b>2426</b>	\$3,272.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred?	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>College Tuition included in old ch 13</b>	
4.51	<b>FCI</b> Nonpriority Creditor's Name <b>3703 West Lake Ave</b> <b>Ste 310</b> <b>Glenview, IL 60026</b> Number Street City State Zip Code	Last 4 digits of account number <b>5533</b>	\$60.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? <b>1/9/2018</b>	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.52	<b>Fox Valley Lab Physicians</b>	Last 4 digits of account number	<b>0880</b>	\$58.20
Nonpriority Creditor's Name <b>PO Box 5133 Chicago, IL 60680</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Medical included in old ch 13</b>				
4.53	<b>GECRB/ Carecredit</b>	Last 4 digits of account number	<b>5316</b>	\$476.00
Nonpriority Creditor's Name <b>PO Box 103104 Roswell, GA 30076</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>				
4.54	<b>GECRB/ Home Design</b>	Last 4 digits of account number	<b>5782</b>	\$2,407.00
Nonpriority Creditor's Name <b>PO Box 103104 Roswell, GA 30076</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>				

Debtor 1 **Thomas D Oaks**  
 Debtor 2 **Valerie M Oaks**

Case number (if known) \_\_\_\_\_

4.55	<b>GECRB/ Old Navy</b> Nonpriority Creditor's Name <b>PO Box 103104</b> <b>Roswell, GA 30076</b> Number Street City State Zip Code	Last 4 digits of account number <b>2551</b>	\$152.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			
<hr/>			
4.56	<b>Gemb/ Walmart</b> Nonpriority Creditor's Name <b>PO Box 103104</b> <b>Roswell, GA 30076</b> Number Street City State Zip Code	Last 4 digits of account number <b>9482</b>	\$536.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			
<hr/>			
4.57	<b>Kohl's</b> Nonpriority Creditor's Name <b>N56 W17000 Ridgewood Dr</b> <b>Menomonee Falls, WI 53051</b> Number Street City State Zip Code	Last 4 digits of account number <b>0881</b>	\$755.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.58	<b>Kohls/Capital One</b> Nonpriority Creditor's Name <b>Kohls Credit</b> <b>Po Box 3120</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>1843</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>Opened 02/12 Last Active 12/11/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
4.59	<b>Leroy's Jewelers</b> Nonpriority Creditor's Name <b>Sterling Jewelers, Inc/Attn:</b> <b>Bankruptcy</b> <b>Po Box 1799</b> <b>Akron, OH 44309</b> Number Street City State Zip Code	Last 4 digits of account number <b>8930</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b> <b>Opened 7/14/13 Last Active 7/26/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
4.60	<b>Malcom S Gerald &amp; Assoc</b> Nonpriority Creditor's Name <b>332 S Michigan Ave</b> <b>Ste 600</b> <b>Chicago, IL 60604</b> Number Street City State Zip Code	Last 4 digits of account number <b>9829</b>	\$943.72
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>When was the debt incurred?</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical-Collections</b>	

Debtor 1 Thomas D Oaks

Debtor 2 Valerie M Oaks

Case number (if known)

4.61	<b>Malcom S Gerald &amp; Assoc</b> Nonpriority Creditor's Name <b>332 S Michigan Ave</b> <b>Ste 600</b> <b>Chicago, IL 60604</b>	Last 4 digits of account number <b>2194</b>	\$1,607.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical Collection</b>			
4.62	<b>Malcom S Gerald &amp; Assoc</b> Nonpriority Creditor's Name <b>332 S Michigan Ave</b> <b>Ste 600</b> <b>Chicago, IL 60604</b>	Last 4 digits of account number <b>4632</b>	\$529.50
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical Collection</b>			
4.63	<b>Malcom S Gerald &amp; Assoc</b> Nonpriority Creditor's Name <b>332 S Michigan Ave</b> <b>Ste 600</b> <b>Chicago, IL 60604</b>	Last 4 digits of account number <b>0741</b>	\$540.95
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical Collection</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.64	<b>MinutClinic Diagnostic of IL</b>	Last 4 digits of account number	<u>1652</u>	\$45.00
Nonpriority Creditor's Name <b>PO BOX 14000 Belfast, ME 04915</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				
4.65	<b>Navient</b>	Last 4 digits of account number	<u>0807</u>	\$0.00
Nonpriority Creditor's Name <b>Attn: Bankruptcy Po Box 9500 Wilkes-Barre, PA 18773</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
<b>Educational</b>				
4.66	<b>Navient</b>	Last 4 digits of account number	<u>0709</u>	\$4,566.00
Nonpriority Creditor's Name <b>PO Box 9635 Wilkes Barre, PA 18773</b>				
Number Street City State Zip Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Student loan</u>				

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.67	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0406</b>	\$3,084.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			
4.68	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0108</b>	\$2,789.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			
4.69	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0709</b>	\$2,392.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			

Debtor 1 Thomas D Oaks

Debtor 2 Valerie M Oaks

Case number (if known)

4.70	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0406</b>	\$1,758.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			
4.71	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0108</b>	\$1,690.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			
4.72	<b>Navient</b> Nonpriority Creditor's Name <b>PO Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0108</b>	\$1,025.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.73	<b>New Beginnings Chiropractic</b> Nonpriority Creditor's Name <b>33 W Higgins Rd</b> <b>Ste 620</b> <b>S. Barrington, IL 60010</b> Number Street City State Zip Code	Last 4 digits of account number <b>29MM</b>	\$77.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
4.74	<b>New Beginnings Chiropractic</b> Nonpriority Creditor's Name <b>33 W Higgins Rd</b> <b>Ste 620</b> <b>Hoffman Est, IL 60010</b> Number Street City State Zip Code	Last 4 digits of account number <b>11MM</b>	\$646.33
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
4.75	<b>Northwest Suburban Imaging</b> Nonpriority Creditor's Name <b>34659 Eagle Way</b> <b>Chicago, IL 60678</b> Number Street City State Zip Code	Last 4 digits of account number <b>2967</b>	\$101.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.76

<b>Paypal Credit</b>	Last 4 digits of account number	<b>1848</b>	\$402.43
Nonpriority Creditor's Name <b>Box 5018</b> <b>Timonium, MD 21094</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit</b>		

4.77

<b>Paypal Credit</b>	Last 4 digits of account number	<b>7464</b>	\$1,332.02
Nonpriority Creditor's Name <b>Box 5018</b> <b>Timonium, MD 21094</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>		

4.78

<b>Radiological consultants of woodstock</b>	Last 4 digits of account number	<b>826L</b>	\$15.56
Nonpriority Creditor's Name <b>9410 Compubill Dr</b> <b>Orland Park, IL 60462</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.79	<p><b>Radiological consultants of woodstock</b></p> <p>Nonpriority Creditor's Name <b>9410 Compubill Dr Orland Park, IL 60462</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>826K</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>	<b>\$364.16</b>
4.80	<p><b>Radiological consultants of woodstock</b></p> <p>Nonpriority Creditor's Name <b>9410 Compubill Dr Orland Park, IL 60462</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>826E</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical- included in old ch 13</b></p>	<b>\$162.52</b>
4.81	<p><b>Scharrington Dental PC</b></p> <p>Nonpriority Creditor's Name <b>2505 W Schaumburg Rd Schaumburg, IL 60194</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3489</b></p> <p>When was the debt incurred? <b>12/7/2017</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>	<b>\$41.00</b>

Debtor 1 Thomas D Oaks

Debtor 2 Valerie M Oaks

Case number (if known)

4.82

**Schaumburg Medicine & Endocrinology**

Nonpriority Creditor's Name

2500 W Higgins Rd

Ste 640

Hoffman Est, IL 60169

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

5384

\$60.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.83

**Sleep Med**

Nonpriority Creditor's Name

1000 Cobb Place Blvd

Ste 510

Kennesaw, GA 30144

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

2066

\$150.80

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.84

**St. Alexius Medical Center**

Nonpriority Creditor's Name

1555 Barrington Rd

Hoffman Est, IL 60194

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

1926

\$293.51

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical included in old ch 13**

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.85	<b>St. Alexius Medical Center</b> Nonpriority Creditor's Name <b>1555 Barrington Rd</b> <b>Hoffman Est, IL 60194</b> Number Street City State Zip Code	Last 4 digits of account number <b>8630</b>	\$544.54
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical included in old ch 13</b>			
4.86	<b>STAT Cardiology Inc</b> Nonpriority Creditor's Name <b>1345 Wiley Rd</b> <b>Ste 111</b> <b>Schaumburg, IL 60173</b> Number Street City State Zip Code	Last 4 digits of account number <b>1530</b>	\$240.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
4.87	<b>Syncb/ccdstr</b> Nonpriority Creditor's Name <b>Po Box 96060</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code	Last 4 digits of account number <b>6178</b>	\$0.00
When was the debt incurred? <b>Opened 10/24/13 Last Active 12/10/13</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.88	<b>Synccb/Value city</b> Nonpriority Creditor's Name <b>950 Forrer Blvd Kettering, OH 45420</b> Number Street City State Zip Code	Last 4 digits of account number <b>1831</b>	\$767.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			
4.89	<b>Synchrony Bank/Care Credit</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896</b> Number Street City State Zip Code	Last 4 digits of account number <b>4961</b>	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			
4.90	<b>Synchrony Bank/Walmart</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896</b> Number Street City State Zip Code	Last 4 digits of account number <b>3413</b>	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>			

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.91	<b>Target</b> Nonpriority Creditor's Name <b>Target Card Services</b> <b>Mail Stop NCB-0461</b> <b>Minneapolis, MN 55440</b> Number Street City State Zip Code	Last 4 digits of account number <b>2622</b>	\$1,343.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>Opened 05/15 Last Active 3/12/18</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.92	<b>TransWorld Systems Inc</b> Nonpriority Creditor's Name <b>PO BOX 15636</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>1947</b>	\$45.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>1/21/2018</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical-Collections</b>		
4.93	<b>Tribute</b> Nonpriority Creditor's Name <b>Cardholder Services</b> <b>Po Box 105555</b> <b>Atlanta, GA 30348</b> Number Street City State Zip Code	Last 4 digits of account number <b>6304</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>Opened 8/22/07 Last Active 9/04/08</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

4.94	<b>Urology Ltd</b> Nonpriority Creditor's Name <b>745 Fletcher Dr</b> <b>Ste 301</b> <b>Elgin, IL 60123</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$15.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> _____	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <b>Medical included in old ch 13</b>	
	<input type="checkbox"/> Yes		
4.95	<b>Verizon</b> Nonpriority Creditor's Name <b>Attn: Wireless Bankruptcy Admin</b> <b>500 Technology Dr Ste 500</b> <b>Weldon Springs, MO 63304</b> Number Street City State Zip Code	Last 4 digits of account number <b>0001</b>	<b>\$2,349.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 12/14 Last Active 12/31/16</b>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes		
4.96	<b>Verizon Wireless Bk Admin</b> Nonpriority Creditor's Name <b>PO Box 3397</b> <b>Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number <b>0001</b>	<b>\$878.96</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> _____	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <b>Cellphone- included in old ch 13</b>	
	<input type="checkbox"/> Yes		

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

4.97	<b>Western Illinois University</b> Nonpriority Creditor's Name <b>1 University Circle</b> <b>Macomb, IL 61455</b> Number Street City State Zip Code	Last 4 digits of account number <b>8465</b>	\$417.66
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>College Tuition</b>			
4.98	<b>Winfield laboratory consultants, Inc</b> Nonpriority Creditor's Name <b>PO BOX 88087</b> <b>Chicago, IL 60680</b> Number Street City State Zip Code	Last 4 digits of account number <b>3885</b>	\$105.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred? <b>3/30/2018</b>			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
4.99	<b>Worlds Foremost Bank/ Cabelas</b> Nonpriority Creditor's Name <b>4800 Nw 1st st</b> <b>Ste 300</b> <b>Lincoln, NE 68521</b> Number Street City State Zip Code	Last 4 digits of account number <b>3543</b>	\$520.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card- included in old ch 13</b>			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

Total claims from Part 1

	Total Claim
6a. Domestic support obligations	\$ 0.00
6b. Taxes and certain other debts you owe the government	\$ 961.00
6c. Claims for death or personal injury while you were intoxicated	\$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00

6e. Total Priority. Add lines 6a through 6d. \$ 961.00

Total claims from Part 2

	Total Claim
6f. Student loans	\$ 18,000.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 99,917.43

6j. Total Nonpriority. Add lines 6f through 6i. \$ 117,917.43

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Valerie M Oaks</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name			
Number	Street		
City	State	ZIP Code	
2.2			
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b> First Name _____ Middle Name _____ Last Name _____		
Debtor 2 (Spouse if, filing)	<b>Valerie M Oaks</b> First Name _____ Middle Name _____ Last Name _____		
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>
Debtor 2 (Spouse, if filing)	<b>Valerie M Oaks</b>
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>
Case number (if known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 \_\_\_\_\_

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Cook</b>	<b>CMA</b>
Employer's name	<b>Friendship</b>	<b>Beaird Dermatology</b>
Employer's address	<b>350 W Schaumburg Rd Schaumburg, IL 60194</b>	<b>Tandem Prof Emp Svc 2400 Wolf Rd, Ste 100 Westchester, IL 60154</b>

How long employed there? **2 years** **13 months**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>2,739.00</b>	\$ <b>2,593.00</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <b>2,739.00</b>	\$ <b>2,593.00</b>

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here</b> .....	4. \$ <b>2,739.00</b>	\$ <b>2,593.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>462.00</b>	\$ <b>472.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>475.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>937.00</b>	\$ <b>472.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>1,802.00</b>	\$ <b>2,121.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,802.00</b> + \$ <b>2,121.00</b>	= \$ <b>3,923.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>3,923.00</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>
Debtor 2 (Spouse, if filing)	<b>Valerie M Oaks</b>
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>
Case number (If known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

_____	_____
_____	_____
_____	_____
_____	_____

No

Yes

No

Yes

No

Yes

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 969.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>0.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Thomas D Oaks**  
 Debtor 2 **Valerie M Oaks**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <b>125.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>0.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>305.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>

**7. Food and housekeeping supplies**

8. Childcare and children's education costs	7. \$ <b>700.00</b>
9. Clothing, laundry, and dry cleaning	8. \$ <b>0.00</b>

**10. Personal care products and services**

11. Medical and dental expenses	9. \$ <b>80.00</b>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	10. \$ <b>200.00</b>

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

14. Charitable contributions and religious donations	11. \$ <b>120.00</b>
15. Insurance.	12. \$ <b>400.00</b>

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>122.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: <b>IRS installment payment</b>	16. \$ <b>25.00</b>
---	---------------------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <b>599.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify: <b>Student loan payment</b>	17c. \$ <b>100.00</b>
17d. Other. Specify: _____	17d. \$ <b>0.00</b>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

**19. Other payments you make to support others who do not live with you.**

Specify: _____	18. \$ <b>0.00</b>
	\$ <b>0.00</b>

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>

**21. Other: Specify: **Car repair/maint/tags****

<b>Pet supplies</b>	21. +\$ <b>60.00</b>
	+\$ <b>100.00</b>

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <b>3,905.00</b>
\$
\$ <b>3,905.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$ <b>3,923.00</b>
23b. -\$ <b>3,905.00</b>

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

\$ <b>18.00</b>
-----------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Valerie M Oaks</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Thomas D Oaks

**Thomas D Oaks**

Signature of Debtor 1

Date May 18, 2018

X /s/ Valerie M Oaks

**Valerie M Oaks**

Signature of Debtor 2

Date May 18, 2018

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Valerie M Oaks</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
702 Brian Ave Schaumburg, IL 60194	From-To: Dec 2015-Feb 2016	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:
1085 Atlantic Ave, Apt A Hoffman Estates, IL 60169	From-To: Dec 2014-Dec 2015	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$12,145.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$11,740.00</b>
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$60,485.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$47,561.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<b>Retirement Distribution</b>	<b>\$1,145.00</b>		
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<b>Retirement Distribution</b>	<b>\$12,451.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Unknown Plaintiff vs Unknown Defendant 1504181TAB	Bankruptcy Chapter 13	US BKPT CT IL CHICAGO	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Dismissed - 0.00

VALERIE GLOWACKI vs Unknown Defendant 1504181	Bankruptcy Chapter 13	ILLINOIS NORTHERN - CHICAGO	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
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Dismissed - 0.00

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Capital One Auto Finance PO Box 93016 Long Beach, CA 90809	Explain what happened 2017 Mitsubishi Lancer	March 2018	\$0.00

- Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized or levied.

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### **Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

#### **Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	--	-------------------	------------------------

#### **Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Cutler & Associates, Ltd 4131 Main Street Skokie, IL 60076 david@cutlerltd.com	Attorney Fees	May 2018	\$0.00

Debtor 1 Thomas D Oaks  
 Debtor 2 Valerie M Oaks

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known)

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name  
Address (Number, Street, City, State and ZIP Code)

Where is the property?  
(Number, Street, City, State and ZIP Code)

Describe the property

Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site  
Address (Number, Street, City, State and ZIP Code)

Governmental unit  
Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site  
Address (Number, Street, City, State and ZIP Code)

Governmental unit  
Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title  
Case Number

Court or agency  
Name  
Address (Number, Street, City, State and ZIP Code)

Nature of the case

Status of the case

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Thomas D Oaks  
Debtor 2 Valerie M Oaks

Case number (if known) \_\_\_\_\_

- No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business  
Name of accountant or bookkeeper

Employer Identification number  
Do not include Social Security number or ITIN.  
Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Thomas D Oaks  
Thomas D Oaks  
Signature of Debtor 1

/s/ Valerie M Oaks  
Valerie M Oaks  
Signature of Debtor 2

Date May 18, 2018

Date May 18, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Thomas D Oaks</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Valerie M Oaks</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:  
**Ally Financial**

- Surrender the property.  
 Retain the property and redeem it.

No

- Retain the property and enter into a  
*Reaffirmation Agreement*.  
 Retain the property and [explain]:

Yes

Description of property securing debt:  
**2014 Chevy Silverado 42000 miles**

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

Debtor 1 **Thomas D Oaks**  
Debtor 2 **Valerie M Oaks**

Case number (*if known*) \_\_\_\_\_

Description of leased  
Property:

No

Lessor's name:  
Description of leased  
Property:

Yes  
 No

Lessor's name:  
Description of leased  
Property:

Yes  
 No  
 Yes

Lessor's name:  
Description of leased  
Property:

No  
 Yes

Lessor's name:  
Description of leased  
Property:

No  
 Yes

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

X /s/ Thomas D Oaks

**Thomas D Oaks**

Signature of Debtor 1

X /s/ Valerie M Oaks

**Valerie M Oaks**

Signature of Debtor 2

Date May 18, 2018

Date May 18, 2018

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filin g fee
\$75	administrative fee
+ <u> \$15</u>	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

---

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	<u>\$75      administrative fee</u>
	\$275     total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	<u>\$75      administrative fee</u>
	\$310     total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Thomas D Oaks**  
**Valerie M Oaks**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>1,990.00</b>
Prior to the filing of this statement I have received .....	\$ <b>0.00</b>
Balance Due .....	\$ <b>1,990.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 18, 2018

Date

/s/ David H Cutler

**David H Cutler**

*Signature of Attorney*

**Cutler & Associates, Ltd**

**4131 Main Street**

**Skokie, IL 60076**

**847-673-8600 Fax: 847-673-8636**

**david@cutlerltd.com**

*Name of law firm*

Document Page 75 of 89  
**CUTLER & ASSOCIATES, LTD.**

ATTORNEYS AT LAW  
4131 MAIN STREET  
SKOKIE, ILLINOIS 60076

TELEPHONE (847) 673-8600  
FAX (847) 673-8636

May 11, 2018

**VIA EMAIL ONLY**

Dear Thomas Oaks and Valerie Oaks:

We appreciate the opportunity to help you resolve your financial situation. After reviewing your finances, I agree with you that filing for bankruptcy under Chapter 7 is the best solution.

This letter will serve as an engagement agreement that will establish the terms of our relationship. When you sign it, it will become a contract between us.

In passing the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, the Congress imposed strict requirements upon attorneys representing debtors, requiring them to specify what duties they will perform and to make certain representations to clients. Those specific duties and representations are set out in the representation agreement.

Please read this agreement carefully and be sure you understand it. If you have any questions, you should consult with me before signing. Once you are satisfied with the agreement, please sign and return a copy to me.

Following are the specifics of our proposed representation, we will:

1. Meet with you to discuss your financial situation and possible solutions;
2. Provide the section 342(b)(1) notice, which sets out the purpose, benefits, and costs of filing under Chapters 7, 11, 12 or 13; the types of services available from credit counseling agencies; and the penalties of committing certain bankruptcy crimes, and will explain the notice to you;
3. Prepare the necessary bankruptcy petition, schedules, statement of affairs, and other documents, and review and file the bankruptcy case under the chapter you select;
4. Prepare for and accompany you to the section 341 first meeting of creditors;
5. Assist in the amendments to the papers filed and the production of such documents as the trustee requests;
6. Assist you in the execution of reaffirmation agreements that are in your best interest.

For this work, we will charge you the following:

A fee of \$399 to file a chapter 7 bankruptcy petition for you, which may not be a complete filing.. If you elect this option, we will ask you to sign a separate agreement after your petition is filed which will require payments of \$1,990 in order for us to perform all additional work which will enable you to obtain a discharge of your debts. You understand, however, that if you do not retain us to perform the additional work, we will not be obligated to do any other work for you and we may withdraw from your case and/or

As a separate document, but included as part of this representation agreement, we are giving you notice of "Important Information About Bankruptcy Assistance Services from an Attorney" as required by section 527 of the Bankruptcy Reform Act. See Exhibit A. and How to Provide All Information Required by Section 521.

You agree to furnish all information necessary to enable us to complete the papers that will be filed in your case and that such information will be complete, accurate, and truthful.

This document represents the complete agreement between the parties and may not be modified or replaced except by a subsequent written agreement executed by the parties. You also acknowledge that you were provided Exhibit B that is also fully incorporated herein.

This representation agreement shall be void if not executed by the parties within five (5) business days after the first date on which the agency provides any bankruptcy assistance services.

You acknowledge that we can not 100% guarantee you that you will receive a discharge in a Chapter 7. Your petition will be reviewed by the trustee, bankruptcy court, US Trustee and potential creditors. They have the right to object to the petition. However, we strive to ensure that all petitions are prepared and reviewed so that any potential issues are resolved prior to filing to give you the best possible chance of a discharge. You also understand that most taxes, student loans and other governmental obligations will not be discharged in your bankruptcy.

The client understands that all funds that client is paying to Cutler & Associates, are to be considered an advance payment which is part of this payment retainer agreement and shall immediately become the property of Cutler & Associates, Ltd. This advance payment is made in exchange for a promise by Cutler & Associates, Ltd., to provide said legal services listed in this retainer agreement. Said advance payment funds will be deposited into the general business account owned by Cutler & Associates, Ltd., and will be used for any and all general expenses of Cutler & Associates, Ltd. The undersigned also understands that it is the client's choice to have said retainer deposited in Cutler & Associates, Ltd.'s IOLTA attorney bank account and shall remain the undersigned's property as security for any future services. However, if the undersigned chooses this option, he or she understands that Cutler & Associates, Ltd. does not represent the undersigned due to the fact that the legal work and creation of a bankruptcy case requires various tasks and expenses for the attorneys and employees of Cutler & Associates, Ltd., some of which requires legal advice, secretarial work and expenses required for the creation and processing of said Bankruptcy case and services. Finally, the undersigned understands that the benefit that the undersigned is gaining for payment of said advanced retainer payment is a promise of Cutler & Associates, Ltd. to perform any and all work reasonably necessary to represent client's Bankruptcy interests, notwithstanding any extraordinary circumstances regarding the undersigned's Bankruptcy case.

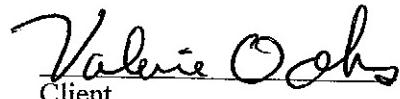
Sincerely and agreed:

---

Cutler & Associates, Ltd.  
A Debt Relief Agency

Accepted:

  
Client

  
Client

**EXHIBIT A**  
**Debt Relief Agency Disclosures to an Assisted Person**

Section 527 of the Bankruptcy Code requires a Debt Relief Agency to provide an assisted person with the following:

A copy of the notice prepared by the clerk of the Bankruptcy Court, in accordance with the requirements of §342(b), which is attached hereto and which contains:

- (1) a brief description of:
    - (A) Chapters 7, 13, 12, and 13 and the general purpose, benefits, and costs of proceeding under each of those chapters; and
    - (B) the types of services available from credit counseling agencies; and
  - (2) statements specifying that:
    - (A) a person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a case under this title shall be subject to fine, imprisonment, or both; and
    - (B) all information supplied by a debtor in connection with a case under this title is subject to examination by the Attorney General.
2. The following disclosures are required by §527(a)(2), which advises an assisted person that:
- (A) all information that the assisted person is required to provide with a petition and thereafter during a case under this title is required to be complete, accurate, and truthful.
  - (B) all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in § 506 must be stated in those documents where requested after reasonable inquiry to establish such value;
  - (C) current monthly income, the amounts specified in section 707(b)(2), and, in a case under Chapter 13 of this title, disposable income (determined in accordance with § 707(b)(2)) are required to be stated after reasonable inquiry; and
  - (D) information that an assisted person provides during his or her case may be audited pursuant to this title, and failure to provide such information may result in dismissal of the case under this title or other sanction, including a criminal sanction.

If you have any questions about any of these disclosures, we will be happy to provide further explanation. We also call your attention to Exhibits A and B attached to the Representation and made a part thereof.

Separate Disclosure Required by Section 527 of the Bankruptcy Code as Amended

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

(Note: This form is mandated by statute. It may or may not correctly explain the law.)

If you decide to seek bankruptcy relief, you can represent yourself; you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. The law requires an attorney or bankruptcy petition preparer to give you a written contract specifying what the attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone.

The following information explains what must be done in a routine bankruptcy case to help you evaluate how much services you need. Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents (Petition, Schedules, Statement of Financial Affairs, and in some cases a Statement of Intention) must be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

**EXHIBIT B**

Information to the Assisted Person (Debtor) on  
How to Provide All Information Required by Section 521

Section 521 of the Code sets out the Debtor's duties related to the filing of a bankruptcy case. A copy of the section is attached to this writing.

As you fill out these schedules and statement of affairs, you should keep the following in mind.

Completing the income and expense pages accurately and completely is critical.

- (a) To compile your income, refer to recent pay stubs and last year's income tax returns. Accounting for overtime, investment dividends, and other earnings is necessary.
- (b) People usually pay cash for many items, such as groceries. Review your monthly expense payments and make a best estimate on cash expenditures. If you pay insurance annually, calculate the monthly cost. Attached are IRS expense allowances for the area in which you live. If your expenses exceed these, we will have to review them and perhaps make adjustments.
- (c) When you value property you own, consider prices in the neighborhood for housing, in newspapers and car lots for automobiles, and what you would pay for furniture and clothes at a business selling such goods.
- (d) If you have an item of special value, an appraisal may be necessary.
- (e) When listing creditors, collect current bills and use that information for mailing addresses and balances due.
- (f) Under the law of this state, or federal bankruptcy law, certain property may be exempt and may be retained. Attached is a copy of the state list of exemptions and also a list of property that may be exempt under federal law. Neither list is all-inclusive. If a seller has a lien on exempt property, the lien may be avoidable or you may have to pay for the property in order to keep it. After you have prepared these lists, we can review them and decide what property qualifies as exempt.

**EXHIBIT C**

**IMPORTANT NOTES PLEASE READ EACH CAREFULLY.**  
**By initialing you acknowledge that you read and understood each of the following**

Initials	Important Information
	Within 14 days of filing your case you are required to complete and file a certificate showing that you have completed a debtor education class. If you do not, you will not receive a discharge. It is your responsibility to complete the class and we will not remind you.
	We can add creditors to your petition within a reasonable time after filing. However, there is a fee of \$100 which includes a \$30 court cost that must be paid prior to us amending your petition. You are fully responsible for providing all creditors to us and if you wish for us to amend your petition prior to discharge you must provide us a list of the missing creditors and the \$100 along with any other documents we require, no later than <u>30 days prior</u> to discharge. We will not remind you of the deadline.
	If at any time you need a copy of your notice of filing or discharge letter there will be a charge of \$100 that must be paid prior to the paper work being given to you.
	If you fail to attend your first 341 meeting for any reason and it is continued. You will pay our firm an additional \$300 to attend the continued 341 meeting.
	Any other potential services, such as defense of a complaint to determine dischargability of a debt or of a United States Trustee motion to convert this case or dismiss it as an abusive filing, are not included and will be provided only through a separate representation agreement.
	If you have property secured by a loan (i.e. vehicle or real estate) and you wish to continue with the pre-filing payments, it is important for you to call your lender, after filing bankruptcy and ask them to send us a "reaffirmation agreement". The reaffirmation agreement is your agreement to keep paying for the property after your bankruptcy case is over. If you execute a reaffirmation agreement and it is filed with the court you will then be fully obligated to repay the loan. It is your responsibility to ensure that you read the reaffirmation carefully and understand its terms. In addition, you must make sure the bank files it with the bankruptcy court. We will only complete necessary portions of the reaffirmation agreement, it is your responsibility to make sure it is executed and filed by the bank. This is not a recommendation to reaffirm mortgage loans.
	It is very important for you to inform us of any credit card purchases within the last six months for non-essential items and cash advances. I consider food, gas, medical and other such purchases to be essential. Any non-essential purchases in excess of \$500 should be specifically discussed with me so that I can best serve your interests.
	You must notify me of any payments made to a friend or family member within 1yr of filing the bankruptcy petition that were made to repay a debt owed to them.
	It is your responsibility to make sure we have a full list of your creditors and their correct bankruptcy mailing address.
	You have told us of all real estate you owned in the last 5 years. Regardless of its current ownership or title status and your petition discloses any judgements you may have against you.
	You must file your case within 90 days of executing this agreement or we reserve the right to close your case. See below for refund policy.
	<b>If you pay our fee in full and then decide to not proceed, we are entitled to keep no less than \$1,000 for work completed on your bankruptcy petition prior to your decision to not proceed. We reserve the right to make the final determination on how much money to refund to you. If you pay a down payment we will not return your money as it will be credited against the meeting time you spent with our attorney.</b>

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Thomas D Oaks  
Valerie M Oaks**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **76**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **May 18, 2018**

**/s/ Thomas D Oaks**  
**Thomas D Oaks**  
Signature of Debtor

Date: **May 18, 2018**

**/s/ Valerie M Oaks**  
**Valerie M Oaks**  
Signature of Debtor

Advanced Preventative Cardiology  
PO Box 233019  
Chicago, IL 60689

Advanced Sleep Therapy, ltd.  
2035 S Arlington Hts Rd  
Ste 115  
Arlington Hts, IL 60005

Advocate Sherman Hospital  
1425 N Randall Rd  
Elgin, IL 60123

AFNI  
1310 Martin Luther King Dr, PO BOX 3517  
Bloomington, IL 61702

Alexian Brothers Behavioral health  
PO BOX 14000  
Belfast, ME 04915

Alexian Brothers Health System  
3040 Salt Creek Lane  
Arlington Hts, IL 60005

alliance laboratory physicians ltd-cp  
PO Box 5968  
Carol Stream, IL 60197

Alltran Financial, LP  
PO Box 722929  
Houston, TX 77272

Ally Financial  
Attn: Bankruptcy  
Po Box 380901  
Bloomington, MN 55438

Ally Financial  
PO Box 380901  
Bloomington, MN 55438

Amita St. Alexius Medical Center  
PO Box 775276  
Chicago, IL 60677

AT & T Bankruptcy Center  
PO Box 769  
Arlington Hts, TX 76004

Barclays Bank Delaware  
Attn: Correspondence  
Po Box 8801  
Wilmington, DE 19899

Best Buy  
PO Box 6497  
Sioux Falls, SD 57117

Bob & Peg's dental  
2241 W Schaumburg Rd  
Schaumburg, IL 60194

Bruce G Grossman, MD SC  
1000 Grand Canyon Pkwy  
Ste 301  
Hoffman Est, IL 60169

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Capital One  
PO Box 30258  
Salt Lake City, UT 84130

Capital One / Menard  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Capital One Auto Finance  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

capital one bank  
PO Box 30258  
Salt Lake City, UT 84130

Cavalry  
PO Box 520  
Valhalla, NY 10595

Chase Card Services  
Correspondence Dept  
Po Box 15298  
Wilmington, DE 19850

Comenity Bank  
PO Box 182125  
Columbus, OH 43218

Comenity Bank/Harlem Furniture  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Comenity Bank/Lane Bryant  
Attn: Bankruptcy Dept  
Po Box 18215  
Columbus, OH 43218

Comenity Bank/Torrid  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Comenity Bkl/Ulta  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Comenity Capital/Zales  
Attn: Bankruptcy Dept  
Po Box 18215  
Columbus, OH 43218

Comenity/Fashion Bug  
Attn: Bankruptcy Dept  
Po Box 18215  
Columbus, OH 43218

Credence Resource Management  
Po Box 2300  
Southgate, MI 48195

Credit One Bank  
Attn: Bankruptcy  
Po Box 98873  
Las Vegas, NV 89193

Creditors Discount & Audit Co  
415 Main St, P.O. Box 213  
Streator, IL 61364

Dell Financial Services LLC  
Attn: President/CEO  
Po Box 81577  
Austin, TX 78708

Dept of Ed / Navient  
Attn: Claims Dept  
Po Box 9635  
Wilkes Barr, PA 18773

Discover Financial  
Po Box 3025  
New Albany, OH 43054

Diversified Consultants, Inc  
PO Box 551268  
Jacksonville, FL 32255

Dupage Medical Group  
15921 Collections Center Dr  
Chicago, IL 60693

Elgin Community College  
1700 Spartan Dr  
Elgin, IL 60123

FCI  
3703 West Lake Ave  
Ste 310  
Glenview, IL 60026

Fox Valley Lab Physicians  
PO Box 5133  
Chicago, IL 60680

GECRB/ Carecredit  
PO Box 103104  
Roswell, GA 30076

GECRB/ Home Design  
PO Box 103104  
Roswell, GA 30076

GECRB/ Old Navy  
PO Box 103104  
Roswell, GA 30076

Gemb/ Walmart  
PO Box 103104  
Roswell, GA 30076

Internal Revenue Service - 1/11  
PO Box 7346  
Philadelphia, PA 19101-7346

Kohl's  
N56 W17000 Ridgewood Dr  
Menomonee Falls, WI 53051

Kohls/Capital One  
Kohls Credit  
Po Box 3120  
Milwaukee, WI 53201

Leroys Jewelers  
Sterling Jewelers, Inc/Attn: Bankruptcy  
Po Box 1799  
Akron, OH 44309

Malcom S Gerald & Assoc  
332 S Michigan Ave  
Ste 600  
Chicago, IL 60604

MINuteClinic Diagnostic of IL  
PO BOX 14000  
Belfast, ME 04915

Navient  
Attn: Bankruptcy  
Po Box 9500  
Wilkes-Barre, PA 18773

Navient  
PO Box 9635  
Wilkes Barre, PA 18773

New Beginnings Chiropractic  
33 W Higgins Rd  
Ste 620  
S. Barrington, IL 60010

New Beginnings Chiropractic  
33 W Higgins Rd  
Ste 620  
Hoffman Est, IL 60010

Northwest Suburban Imaging  
34659 Eagle Way  
Chicago, IL 60678

Paypal Credit  
Box 5018  
Timonium, MD 21094

Radiological consultants of woodstock  
9410 Compubill Dr  
Orland Park, IL 60462

Scharrington Dental PC  
2505 W Schaumburg Rd  
Schaumburg, IL 60194

Schaumburg Medicine & Endocrinology  
2500 W Higgins Rd  
Ste 640  
Hoffman Est, IL 60169

Sleep Med  
1000 Cobb Place Blvd  
Ste 510  
Kennesaw, GA 30144

St. Alexius Medical Center  
1555 Barrington Rd  
Hoffman Est, IL 60194

STAT Cardiology Inc  
1345 Wiley Rd  
Ste 111  
Schaumburg, IL 60173

Syncb/ccdstr  
Po Box 96060  
Orlando, FL 32896

Syncb/Value city  
950 Forrer Blvd  
Kettering, OH 45420

Synchrony Bank/Care Credit  
Attn: Bankruptcy Dept  
Po Box 965061  
Orlando, FL 32896

Synchrony Bank/Walmart  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896

Target  
Target Card Services  
Mail Stop NCB-0461  
Minneapolis, MN 55440

TransWorld Systems Inc  
PO BOX 15636  
Wilmington, DE 19850

Tribute  
Cardholder Services  
Po Box 105555  
Atlanta, GA 30348

Urology Ltd  
745 Fletcher Dr  
Ste 301  
Elgin, IL 60123

Verizon  
Attn: Wireless Bankruptcy Admin  
500 Technology Dr Ste 500  
Weldon Springs, MO 63304

Verizon Wireless Bk Admin  
PO Box 3397  
Bloomington, IL 61702

Western Illinois University  
1 University Circle  
Macomb, IL 61455

Winfield laboratory consultants, Inc  
PO BOX 88087  
Chicago, IL 60680

Worlds Foremost Bank/ Cabelas  
4800 Nw 1st st  
Ste 300  
Lincoln, NE 68521